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A CASE OF SUCCESSFUL REMOVAL OF THE UTERUS.

BY S. CLAPP, M.D., OF PAWTUCKET, R. I.

[Communicated for the Boston Medical and Surgical Journal.]

I WAS called to see Mrs. Patrick Finley, of Cumberland, on the 5th of June, 1856. The history of the case is as follows.

She is 29 years of age; was confined on the 28th of Dec., 1855, with her fifth child; was attended by a midwife, *who delivered her on the floor, on her knees*, her head resting in a woman's lap. After the delivery of the child, severe and distressing pains continued, and there was no relief after the delivery of the placenta. She wanted her back pressed against, all night. Alarming flooding. The hæmorrhage continued most of the time for a fortnight; also, the same pain and the desire to have some one hold against her back.

The next day after the delivery, she sent for a physician who resided in the neighborhood. Finding she was unable to pass water, he introduced the catheter; this he continued to do twice a day for fourteen or fifteen days, she thinks, when she passed water unaided, and has continued to do so since, although at times with some difficulty. There was no evacuation of the bowels, she thinks, for nearly a fortnight, when she took a dose of castor oil. The operation was attended with great distress, and after this, for some time, whenever the bowels were moved it was attended with considerable suffering, which gradually grew less, and at the end of a month or six weeks the bowels were moved without much pain. But she had always *some* difficulty in passing water, and in having a movement from the bowels.

At irregular intervals, she has had profuse hæmorrhage, lasting from one to two weeks, and has had a leucorrhœal discharge ever since. Has had three or four attacks resembling cholera morbus, with vomiting and purging.

She is unable to say there was much force used in delivering the placenta, or that the cord was short, or around the neck of the child.

Upon examination, I found the vagina filled with a tumor, appearing to be a little less than two inches in diameter, and some-

what over two inches in length, slightly painful on pressure. On introducing the hand sufficiently for the fingers to reach the upper boundary, I come to a *cul de sac*, and the sensation is that of there being nothing solid beyond it. About one fourth of an inch from this *cul de sac*, there is a ring, which encircles the tumor and appears to be the cervix uteri. The tumor bleeds easily when handled. Its color is of a pinkish hue; it is regularly rounded in form, and its mobility is slight.

The next day I requested the advice of Dr. L. L. Miller, of Providence. He examined the patient on the 6th and 7th, as did also Dr. Beckwith. After a careful examination and consideration of the case, we had no doubt it was one of inverted uterus.

From this time to the 12th of August, I gave the case all the attention requisite, and did what was in my power to arrest the hæmorrhage. She was kept on tonics—quinine and iron, together with local applications of astringents, &c. The hæmorrhage still continuing profuse at intervals, until the anæmia was extreme, and as it was apparent that death must shortly close the scene, I recommended the removal of the organ. After stating the perils of the operation, and the possibility of the patient's dying in a few days, together with the chances of success, as given in Miller's Surgery, she decided on the removal, and even urged it. She was intelligent beyond most of her countrywomen. On the 12th of August, at 11 o'clock, A. M., in the presence of Drs. J. Gardner, J. O. Whitney, S. R. Merrill, A. Newman and Rood, I applied the ligature, using Gooche's instrument. The ligature was composed of silk, and was drawn at first quite tight, until the pain was very great, then gradually relaxed, until the patient thought she could endure it. I left morphine in powder, to be taken if she should be in great pain.

6 o'clock, same day.—Pain increased for an hour after the ligature was applied. She took the morphine, and felt relieved. Passes urine easier than before the operation. Pulse 130. Tongue free from coating, very pale and moist. Great pain at the lower part of the abdomen.

Aug. 13th, 8, A. M.—Passed a comfortable night. Lower part of the abdomen very tense; feels afraid you will hurt her on pressure; follows your hand with hers; says the pain is very great in the lower part of the bowels. Tightened the ligature.

6, P. M.—Has had more pain through the day. Tongue as before. Gave quinine and morphine three times a day, and directed her to live on beef-tea.

14th, 8, A. M.—Comfortable as could be expected. Bowels constipated. Ordered *ol. ricini*.

6, P. M.—Oil operated. Since then has had pains resembling labor pains. Pain in right thigh, extending to knee. More tenderness over abdomen; more in right iliac region than left. Apply spirits and water to abdomen.

15th, 9, A. M.—Passed a comfortable night. Passes urine with-

out pain. Still continues to have pains resembling labor pains, sometimes as often as every ten minutes. Gave morphia.

4, P. M.—Passed a comfortable day.

16th, 8, A. M.—Some fætor of discharges. *No hæmorrhage since application of the ligature.* Symptoms much as before. Tightened ligature, pain increased. Thinks she can endure it if it grows no worse during the day. Left morphia.

17th, 8, A. M.—Dreame'd early in the night that something had befallen one of the children; sprang up in bed, felt something give way; since then has felt much easier. Taking hold of the instrument, it felt free, and came away; found the ligature had broken where it passes into one of the canulas. Examined the tumor, which appears to be dead. No pain on scratching it. Fætor considerable. Could feel the depression caused by the ligature. The neck of the tumor appears to be about three fourths of an inch in diameter, by putting the ends of the ligature together. Concluded to omit the application of ligature till next visit. The tumor is lower down in vagina than previous to operation, and rests on the perinæum.

18th, 9, A. M.—Very comfortable. Continue treatment.

4, P. M.—Had a very comfortable day.

19th, 11, A. M.—Very comfortable; free from pain. Re-applied ligature. Used cat-gut. Drs. Merrill and Whitney present.

20th.—Has had some pain in lower part of abdomen; otherwise comfortable. Tightened ligature; great pain and vomiting; relaxed ligature, and she feels easier. Increase of pain in right thigh, extending to knee; this is increased on tightening the ligature, and diminished on relaxing it. At 4, P. M., no operation on bowels. Ordered castor oil.

21st, 9, A. M.—No operation on bowels; repeat castor oil every sixth hour until it operates. Tightened ligature.

4, P. M.—No operation; continue ol. ricini: great pain in bowels; at times has those pains resembling labor pains. Some tenderness over abdomen.

22d, 9, A. M.—Oil operated; feels much relieved. Continue quinine and iron.

4, P. M.—Pain and tenderness relieved. Discharges from vagina very offensive.

23d, 9, A. M.—Tightened ligature; great pain; cries out to relax it; vomited; relaxed it; feels easier; thinks she can bear it.

4, P. M.—Feels comfortable; no more pain over bowels than previous to tightening ligature. Pain in left thigh extending to knee.

25th.—Fætor very great; says she had a discharge from bowels resembling mucus, considerable in quantity. Tightened ligature.

26th, 9, A. M.—Found instrument again loose; removed it, and found the cat-gut ligature had given way; good for nothing, first and last time I will use it. Examination of tumor gave no pain; no hæmorrhage; great fætor. Concluded to postpone application of ligature until afternoon.

2, P. M.—Re-applied ligature. Present, Dr. J. M. Ryder. Used saddler's silk, well twisted and waxed.

From Aug. 26th to Sept. 2d, nothing unusual occurred. The ligature was tightened every third day, as she could bear it. The treatment continued; bowels moved by castor oil. On the 2d of September, being called out of town, I left her in the hands of Drs. Merrill and Whitney. During this time no notes were kept. The ligature was tightened with much care and caution. Nothing unusual occurred.

Sept. 8th.—Returned at 9 o'clock in the evening, and found her comfortable. Tightened ligature.

9th.—More pain.

10th.—Examined tumor, and thought the two ends of the instrument too much separated. Resolved on introducing both ends of the ligature into a single canula. I accordingly had a male silver catheter sawed off at the point of curvature, and a ring of silver soldered around both ends, so that the ligature would not be cut off where it enters and passes out of the canula.

11th.—Removed Gooch's instrument, leaving the ligature behind, and carefully introducing both ends of the ligature into the above-described instrument, I tightened it. Great pain.

12th.—Drew the ligature very tight. Produced great pain.

4, P. M.—Great pain. Took two morphine powders. Vomited twice through the day. Pulse 140. Tongue moist and pale; has been so all the time.

13th, 9, A. M.—Passed a comfortable night. Took morphine.

4, P. M.—Feels much better.

14th.—Tightened ligature strongly. She bore it well; less pain than at any previous time.

15th.—Comfortable.

16th, 10, A. M.—Present Drs. Merrill and Whitney. On tightening the ligature, it came away. Tried to remove the organ, but found some little difficulty in accomplishing it; could turn it easily around. Adjourned for an hour, and in the meantime procured a pair of placenta forceps, and with the aid of these succeeded in removing it. Washed the parts by syringing with water.

The measurement of the uterus is as follows: width of organ, from side to side, two and a half inches; length, two and seven eighths inches; its largest circumference, seven and seven eighths inches. On dividing it from its neck to its base, its internal cavity somewhat resembles in shape the healthy organ. From this time to the 23th of September, everything progressed favorably, when she was allowed to go about the house. She drank freely of porter, and gained rapidly in strength and flesh. At the end of a month, I was able to dismiss her as well.

Dec. 11th, 1856.—I have visited her to-day. She has removed to Smithfield. Is quite well. Has no discharge from vagina. On examination, I feel the same ring that encircled the organ, somewhat smaller, but sufficiently large, with care, to allow me to intro-

duce my index finger. Can feel the cicatrix through this. Is in good health and spirits, walks and rides without pain, takes care of her family; does all her work, but washing and ironing, and lives happily with her husband. Has had no appearance of menstrual discharge; but says she can tell when it should appear by her feelings.

Pawtucket, R. I., December 12th, 1856.

ON PHYMOSIS.

BY D. D. SLADE, M.D., BOSTON.

[Communicated for the Boston Medical and Surgical Journal.]

WE may define phymosis to be that condition in which the prepuce cannot be drawn back so as to uncover the glans penis. Now, such a condition is almost invariably owing to a constriction of the extremity of the prepuce, which may be due to either natural (congenital) or to accidental causes. A congenital contraction of the aperture of the foreskin is not uncommon, and individuals so affected may be said to have a constant phymosis, which under certain circumstances may be productive of serious consequences. Among the accidental causes, we may enumerate those which give rise to an enlarged condition of the parts enclosed by the prepuce, while the latter remains in a perfectly normal condition. Under this head we may class chancres, vegetations and other morbid growths upon the glans penis, and also an hypertrophy of the glans itself, the glans being, in such cases, rendered so large as not to pass through the aperture of the prepuce. The prepuce itself, on the other hand, may become cedematous, the result of erysipelas, or of common inflammation accompanying balanitis or chancre, and thus phymosis be formed. Excessive use of the organ, long-continued fatigue and any cause of irritation lead to the same results. We may occasionally meet, in practice, with phymosis produced by the induration accompanying the Hunterian chancre, rendering the prepuce almost cartilaginous. Thus we see that a distinction must be made between permanent and temporary phymosis. To the first belong cases of congenital phymosis, and those which are the result of the cicatrices of chancres; and to the second, all those alterations of the prepuce of which we have spoken, and which leave it finally in its healthy condition. This distinction is important, inasmuch as in the first class an operation is advisable, whereas in the second we should generally abstain from it.

Let us next consider what are the evils to which phymosis may give rise. First, those individuals who have a congenital phymosis, are liable to frequent attacks of balanitis, attended with much inflammation and suffering, owing to the increased quantity of sebaceous matter which cannot be washed away. These attacks may lead to great inconvenience, and even to serious consequences. This was the leading motive, undoubtedly, for the Jewish custom of

circumcision, which custom, if it was more frequently practised at the present day among Gentiles, would be conducive to better health and greater cleanliness. Without any appreciable cause, natural phymosis sometimes gives rise to inflammation, attended by a contraction of the end of the prepuce to such a degree as to serve as a complete obstacle to the passage of the urine, after it has passed the urethra, the whole cavity of the foreskin becoming filled with urine. The following case will illustrate this.

Mr. O——, a school-teacher, called upon me, complaining of considerable pain and irritation about the prepuce and extremity of the glans penis. He had been attacked in this way previously, without any known cause. On examination, I found a congenital phymosis, with much redness and œdematous swelling about the extremity of the prepuce. The patient was of an extremely nervous and desponding character. I advised simply cold applications, rest, and suspension of the parts, and an operation when the present symptoms had passed. In the afternoon, I was called to the patient, whom I found in a state of great agitation and alarm, and complaining of great pain. He said that he had not been able to pass his urine for several hours. On examination, I found the prepuce enormously swollen, and as hard as cartilage. Suspecting at once the condition of things, I was preparing to puncture, or to attempt the introduction of a probe through the aperture of the foreskin, when a sudden spontaneous gush immediately relieved the patient.

In young children, congenital phymosis is sometimes so considerable that the urine cannot pass with ease; but in many cases, we find that this condition gradually passes away as they grow older. Under certain circumstances, this condition of the parts may lead to the insinuation of urine into the cellular tissue of the prepuce, and consequently to gangrene and loss of the part.

Phymosis, whether congenital or accidental, is always a serious obstacle to the treatment of chancre, which may burrow in every direction, and may perforate the prepuce. It is singular, as Ricord observes, that abscesses thus formed by the pus of chancres, invariably destroy the superior portion of the prepuce, the inferior portion generally resisting. Such, then, being the accidents to which congenital phymosis may give occasion, there can be no question but that an operation should be performed for the relief and ultimate condition of the parts. In fact, we should always advise it, even where there is the least tendency to phymosis. The operation is a simple one, and the patient, by undergoing it, is at once relieved from much unnecessary inconvenience, to say the least. The glans penis, by being unprotected, acquires a toughness and firmness, so that there is far less danger of contracting chancres, and there is also a freedom from balanitis, herpes, eczema and common irritation. But the method of operation is not unimportant. As a general rule, true circumcision is always to be preferred. By this we mean the removal of the entire prepuce; partial circumcision should never be performed, as such operations are apt to be followed by a

further diminution of the preputial opening, and by adhesions to the glans, and cicatrices. I have frequently seen such results. Mere division or slitting up of the prepuce, as so frequently advised in works on surgery, ought never to be practised, except possibly for the evacuation of pus, and even then we run great risk of inoculating the cut surface, if chancres be present. The results of this mode of relieving congenital phymosis are by no means satisfactory, for the appearance of the parts afterwards is, in most cases, very unsightly. As a general rule, I advise the operation as performed by Ricord. I have found it invariably to give good and satisfactory results. It is as follows. The penis should be allowed to remain in its natural position, and no traction should be made upon it. A circular mark is traced with a pen and ink about two lines anterior to the base of the glans, and parallel to the corona. A long, straight needle, its point protected by a bit of wax, is then introduced between the glans and prepuce, and made to pierce the entire thickness of the latter on the medial line, and just in front of the ink mark. The mucous membrane and the skin are thus fixed, and the needle should be allowed to remain. Behind this, and in a longitudinal direction, a pair of forceps is firmly applied, thus grasping the prepuce, and given in charge of an assistant. The portion of prepuce in front of the forceps is then excised with a bistoury. As the internal layer of the prepuce does not retract so much as the external, it is generally necessary to slit it up on its superior surface, and the flap on each side excised if necessary. The edges of the wound are then united by *serres fines*, which, if nicely applied, so that the cellular tissue does not protrude between the two layers, give more satisfactory results than do sutures. If a pair of fenestrated forceps are used, and sutures applied, these latter may be passed through the fenestræ previous to the excision. The after treatment should be strictly antiphlogistic.

CASE OF INJURY BY LIGHTNING.

[Communicated for the Boston Medical and Surgical Journal.]

THE following paper was prepared by Mr. Thomas P. Ives, of Providence, and was read before the Providence Medical Association, Dec. 1st, 1856, by Dr. J. W. C. Ely.

Mr. G. was injured by lightning on Saturday, September 20th. The circumstances were as follows:—He, in company with three other gentlemen, was crossing Narragansett Bay in a small boat, twenty feet in length. As they approached the landing, Mr. G. went forward of the mast for the purpose of pushing the boat round with an oar. The lightning was very vivid and seemed to be playing about the boat. It occurred to him that his position was a dangerous one, so he turned to go aft. At that instant the boat was struck by lightning, which passing was diverted to his body. The first point of contact was the right shoulder, leaving there several

small radiating scratches. Now the fluid seems to have been diverted in its course, one portion following down the arm and fore-arm to the wrist; leaving the wrist for a portion of the thigh, just below the anterior superior spinous process of the ilium, it passed down the outside of the thigh to the leg, hence along the anterior surface of the tibia to the instep. The direction then taken by the fluid was probably immediately to the water, being conducted there by the iron shoeing that covers the stem of the boat. Another portion of the fluid seems to have been diverted by a gold watch chain which was worn round his neck; being conducted along this, blackening and in some places completely fusing it, to his watch. It now passed in from the watch-pocket, making a hole the size of a half dime; then going down it passed into his pantaloons pocket (right side), where there was a porte-monnaie, the rim of which was blued by the action of heat in some places, and in others fused and roughened. The current now seems to have again chosen the body, and passing the inside of the thigh it joined the other just below the knee. There is also another mark, which commences at the shoulder, and running down the back for about six inches it turns at nearly a right angle and terminates at a point directly under the watch-pocket. The left side of the body was entirely untouched by the fluid. He retained perfectly his consciousness, and had presence of mind enough to grasp and hold on to a rope, which prevented him from falling into the water.

As soon as possible he was conveyed to his house (about twenty minutes after the accident), and placed upon a bed. Dr. Eldredge, of East Greenwich, saw him within an hour of the accident. Dr. Ely arrived about 9 o'clock, and Dr. Miller early the next morning. The former was his attending physician until he was removed to this city, some weeks ago, and since then he has been under the care of Dr. Ely.

At this time his symptoms were as follows:—countenance much distressed; surface cold; pulse slow and not very full, frequency not observed; suffers little pain, but complains of numbness in limbs; is very much exhausted. Warm brandy and water was given, about a tumbler full in an hour, and friction with warmed flannels was applied to the limbs. As soon as the temperature was somewhat restored, he felt great pain in the wounds caused by the burning by the electric fluid. Carbonate of ammonia, with about 60 drops tinct. opii, was administered, and flour as a temporary dressing was applied. The wounds have very much the appearance of scalds. In some places the cuticle is entirely removed.

The wounds on the shoulder, body and thigh healed in a few days, but those on the upper part of the arm, fore-arm and leg, from some cause, took on an unhealthy action, and sloughing occurred; but by constant poulticing they were brought into a healthy state, and then straps and the roller bandage were applied.

Under this treatment, varied a little at times as circumstances required, everything has gone on satisfactorily, and now the wounds

are entirely healed. Mr. G.'s general health during his illness has been very good.

The lightning did not, as usual, strike the mast first, but chose the peak of the gaff, which at that time was several inches higher than the truck. It ran along the head of the sail, fusing the brass thimbles there, then taking a leap downward, leaving hardly any mark on the sail, until, within about fifteen feet from the deck, its track is again visible; and passing down the luff of the sail it tore out a piece about ten feet long by a foot wide; the current was here diverted by Mr. G.'s person. A small splinter was raised on the after side of the mast, about twelve feet from the deck. This is the only place where the boat is injured.

The clothes worn by Mr. G. are very curiously torn by the electric fluid. He had on, at the time, an overcoat. Over the right shoulder there is a small hole, through which the lightning first entered. The whole right sleeve is torn apart and split into a number of small strips; the undercoat is torn in much the same manner, and the sleeve of the shirt is also torn into ribbons. The vest and shirt both show a black mark where the watch-chain lay. The former has but one hole in it, viz., where the fluid passed out of the watch-pocket. The pantaloons and drawers were torn in a manner similar to the coat sleeve and shirt. A small hole shows where the fluid entered the pocket, and another where it left it after having traversed the rim of the porte-monnaie, the money contained in which was untouched. Three buttons were torn off his right gaiter, and the side split down as smoothly as it could have been done with a knife. The watch worn by Mr. G. was stopped at twelve minutes past five, the exact time of the occurrence of the accident.

The other gentlemen in the boat were not injured.

A SINGULAR CASE OF MISCARRIAGE AND RETAINED PLACENTA.

BY G. S. PALMER, GARDINER, ME.

[Communicated for the Boston Medical and Surgical Journal.]

On the 15th of April, I was called to visit a lady, whose previous health had been good, and who was the mother of several children; her husband had been absent about two months. She complained of slight pain in the loins, a weight through the hips, and a strange sensation in the vagina, from which, for about four weeks, she had had an occasional sanious discharge, with considerable leucorrhœa. About that time, she had experienced some severe contracting pains, and a small discharge of liquid resembling the "waters" or liquor amnii, and no pain since. The catamenia had been suspended for about four months previous to the pain. On examination, *per vaginam*, I was not a little surprised to find a fœtus of about five months' development, but very small, resting on the perinæum, with its head in the cavity of the uterus. The child was easily re-

moved, and found to be natural in every respect except its size. It was covered with a slimy mucus, instead of the chalky secretion common in most cases, but its skin, and every part of it, was in a perfect state of preservation, and it could have been dead but a few hours. An interesting question here arose, as to when this child was extruded from the womb.

On attempting to remove the placenta, my efforts were all in vain; ergot was administered to no purpose, the walls of the vagina were so rigid that it was impossible to introduce the hand, or to make successful use of placenta forceps, and the umbilicus was accidentally broken near its attachment. A frightful hæmorrhage now ensued, which was soon arrested by the use of the tampon and astringent injections, and the patient, carefully watched, was put upon a sustaining treatment, and the case left to nature.

On the fourth morning, I was informed, by the nurse, that the afterbirth had all come away, and that it had been accidentally thrown aside, although contrary to the strictest orders. I was distrustful of this, knowing how easily she might be deceived by a coagulum; but the hæmorrhage subsiding, and the patient's health improving, I was glad to be relieved from my embarrassment by adopting the same conclusion. A tonic course soon restored the patient to fair health, although the catamenia did not appear.

On the 12th of August following, I was summoned in haste to see this patient. She was flooding copiously, and having strong contracting pains, which soon expelled from the uterus a roundish substance, about three and a half inches in diameter, which, on examination, proved to consist of the placenta, the membranes, and the rudiments of the cord, all in a perfect state of preservation, surrounded, imbedded and packed in a semi-organized, cartilaginous substance, about three fourths of an inch in thickness.

Thus did nature *hermetically* seal up, and perfectly protect from decomposition, in a high temperature for four months, a foreign substance, which it could not throw off at the proper time; and when the system returned to a proper state and condition, she relieved herself by expelling the same.

Experimental Investigations on Animal Temperature.—M. Claude Bernard has just laid before the Academy of Sciences of Paris an account of a series of experiments on animals, to elucidate the questions connected with the production of heat. From these experiments the eminent physiologist considers that he is justified in drawing the following inferences:—1. The circulation of the blood through the lungs *lowers* the temperature of the fluid. 2. The lungs can, therefore, not be regarded as a focus of animal heat. 3. The arterialization of venous blood, in the living animal, is not connected with an *increase*, but, on the contrary, with a *decrease* of heat in the blood.—*London Lancet.*

Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL IMPROVEMENT. BY F. E. OLIVER, M.D., SECRETARY.

OCT. 27th.—*Amputation of the Finger by a Finger-ring.* Dr. JACKSON showed the specimen, recently received from Dr. J. B. KING, of Nantucket, with the following history of the case.

A man aged 40, being at work on the upper deck of a steamboat, on the 16th of September last, fell off, and, in his descent, a ring that he had upon the little finger of his right hand caught on the head of a nail, and completely amputated the finger, which was left, with the ring upon it, hanging upon the nail; ten inches of the flexor tendon were also drawn out, and hung from the finger. After the accident, he walked to Dr. K.'s office to have his wound dressed; and the middle phalanx, being entirely denuded of integument, was removed from the stump, from which it protruded. On the 22d, the stump was dressed, and the patient was doing very well, there being very little pain or soreness in the stump or in the track of the tendon. The ring, which has not been removed from the torn off finger, is perfectly plain and nearly one fourth of an inch in width. The specimen is in the College Cabinet.

Dr. J. remarked that this was the second case which had been reported to the Society, of amputation of a finger by a ring; and although such cases must have occurred elsewhere, he was not aware that any such had been reported.

An account of the first case has already been published by Dr. SLADE, in whose practice it occurred in this city. (See *Boston Medical and Surgical Journal*, vol. lii., p. 17.)

In 1845, Dr. COALE also reported to the Society a very nearly similar case, an account of which was published in the Catalogue of the Society's Cabinet. The skin and nail were torn entirely off, but the bone was not injured; and here again, as in the two other cases, it was the little finger that suffered, as in the second case it was a plain gold ring that caused the injury, and it was owing to the ring being caught in a hook.

Dr. Jackson remarked further, that Dr. K.'s case was the fourth that had occurred in this vicinity, of the tearing off of a finger being complicated with a drawing out of a tendon; a complication that seems to be attended with very little additional pain or soreness.

Nov. 10th.—*Deposit of Carbon in the Inguinal Glands of a Tattooed Subject.* Dr. HODGES showed the glands, taken from a dissecting room subject.

Examined by Dr. BACON, these dark-colored inguinal glands exhibited, under the microscope, irregular patches of perfectly opaque, black granules, thickly distributed through their substance. The granules consist of *carbon*, and not of melanotic pigment. In the extensive tattooing practised in this instance, many of the superficial lymphatics must have been opened, and particles of the carbonaceous pigment which is rubbed into the punctures conveyed to the neighboring glands and there deposited. Portions of the lymphatic vessels contained coloring matter, rendering them visible as dark lines.

Nov. 10th.—*Hæmorrhagic Diathesis.* Dr. W. E. TOWNSEND reported the case.

Mrs. F., a lady in good health, was delivered on the 15th of last September of an apparently healthy infant of average size and weight; she had a very

easy time and a rapid recovery; her milk was sufficient in quantity, and of so nutritive a quality that the boy, after the first week, gained half a pound weekly. The cord came away at the proper time, and the umbilicus healed readily; the child slept well and nursed well. Its discharges were natural in appearance till Oct. 28th, six weeks after its birth, when they began to be greenish. At this time the child appeared languid and somewhat uneasy, but was much relieved by a dose of magnesia, and seemed well again, its discharges again becoming natural. On Wednesday, Nov. 5th, a week afterwards, the uneasiness and distress in its bowels returned, for which some tincture of annis and afterwards castor oil was administered. Thursday morning, Nov. 6th, a spot of blood was observed on its diaper, which was found to have come from the skin of the scrotum, which looked now thin and paper-like. A mixture of tannin and impure carbonate of zinc was applied, which held this in check, though never entirely stopped it. In the course of the same forenoon the child bled a little from the nose, and in the afternoon threw up a little blood, looking as though part of the hæmorrhage from the nose had been swallowed. This was all the blood the child lost, not amounting in all to one ounce, yet it rapidly became anæmic; its bowels were much distended with flatus, its discharges were entirely green, not in the least bloody, and great uneasiness and distress supervened; it nursed well, except when under the effect of slight anodynes, yet it rapidly failed. On Friday, the 7th, small spots appeared under the skin on the feet and legs, not distinct like purpura, but pale and scarcely visible. On Saturday, the 8th, there was some swelling of the feet and hands; the breathing grew very rapid, and on Sunday, at 4, A. M., it died, very quietly, and without any convulsions at any time. The tincture of muriate of iron was used in small doses frequently, from the beginning of the last attack. Five hours after death, the child looked blanched, not emaciated and generally yellow.

Mrs. F. has had four children. The first, born six or seven years since, died at the age of nineteen months from phthisis following whooping cough; the second was born in the country, and at birth presented an unhealthy appearance, the skin of the hands and feet looking as if parboiled; this child died at the twelfth day, from hæmorrhage from the gums, mouth, bowels and skin. The third child was born in Boston, two years ago last January 30th, and died March 5th, having been attacked February 23d, or three and a half weeks from its birth, in precisely the same manner as this last child, first with green discharges from the bowels, then with oozing of blood from the same part of the scrotum. This third child was carefully examined by Dr. Shaw and myself, and nothing abnormal was discovered except some enlargement of the liver. Since the death of the third child, Mrs. F. has circumnavigated the globe with her husband, who is a ship-master, and has been in perfect health, never feeling better than when carrying this last child. Her husband is a stout, hearty man, who enjoys uninterrupted health, and belongs to a healthy and long-lived family. It is a curious fact that the first infant had none of the hæmorrhagic diathesis which belonged to the three last.

Nov. 24th.—*Annular Stricture of the Large Intestine, and its connection with the Ileus.*—Case reported by Dr. J. B. S. JACKSON.

The patient was a single woman, 34 years of age, and of good general health. Last April, whilst on a passage from New Orleans, she was attacked with obstinate constipation, pain in the bowels, nausea and vomiting; relieved in ten days, by very active cathartics. In June, she had a similar attack. During the fourth week of July, she was attacked still more se-

verely; and from that time until her death, was never relieved. On the 27th of August, she entered the Massachusetts General Hospital, tortured by the griping, twisting pain in the abdomen; having had no natural discharge from the time of the attack, and but very slight effect from repeated enemata; perfect anorexia, and vomiting whenever she took the slightest thing into the stomach. On the day after her admission, she took, in divided doses, forty grains of the compound extract of colocynth and four drops of croton oil; and on Sept. 3d, she had, for the first time, a very small scybalous discharge, having meanwhile, daily, taken more or less cathartic medicine or enemata. During the following week the bowels were rather more free, and occasionally, through September, a small quantity of hardened *scæces* was brought away by large enemata. On the 1st of October, the patient came under the care of Dr. J. The abdomen was then very large, and generally very tense; portions of the intestine being sometimes so distended by flatus, as to feel almost like solid tumors, in a few moments becoming relaxed under the hand, as the spasm of the muscular fibres yielded. From this time the symptoms continued essentially the same. After the 13th of October, no cathartic medicine was given, although occasionally a little *scæcal* matter was brought away by an enema; during the last seventeen days, however, nothing whatever passed the bowels. The system bore up remarkably well until the last week, when she sank rapidly, and died on the 22d of November.

Oct. 27th, an examination was made by the vagina and rectum, and a tumor discovered nearly filling the cavity of the pelvis. This was evidently a fibrous tumor of the uterus; and it was thought possible that by pressure against the rectum it might cause the symptoms above described; though Dr. J. had never heard of such an effect. The catamenia, for the last ten years, had occurred every two to four weeks, and were preceded by much pain in the region of the uterus, and bearing down; previously healthy; this change being regarded as confirmatory of the above diagnosis. On dissection, the uterus itself was considerably enlarged, and upon each side, in the body of the organ, there was what was originally a fibrous tumor, more than two inches in diameter, but now completely disorganized.

The stricture of the intestine was fifteen inches from the anus, strictly annular, and looking almost as if girt by a string; firm, but not of a scirrhous density, and not adherent externally. The large intestine above the stricture was, throughout, greatly distended, and contained an immense quantity of soft *scæces*; the small intestine was also very much distended by thin *scæces* and gas. Below the stricture the intestine was of about the usual size. The parts having been removed and washed out, a portion of the intestine above the stricture was filled with water, but not a drop passed through; it was then inflated, under water, but it was not until several trials had been made, and with considerable force, that a little air could be made to pass through; nor was this last result obtained subsequently. The intestine having been inverted, there was found, at or just above the stricture, a well-defined, somewhat deep ulcer, not more than one-fourth of an inch in width, and not at all remarkable in its character, but involving the entire circumference of the intestine. Otherwise the dilated intestine was quite healthy, though the muscular coat was much hypertrophied. The other organs were also healthy.

Dr. J. showed the intestine, which is to be prepared for the College Museum. He was inclined to regard the disease as of a cancerous nature, and

referred to Rokitsansky's remarks. He also gave an analysis of five other cases of annular stricture that had come under his observation, as follows:

1. A woman, Oct. 29th; ileus for about four weeks. Stricture at junction of arch and descending colon; and so complete that water would not run through. Inflammation, ulceration and perforation of intestine above the stricture.

2. A man, aged 60; ileus about thirteen days. Stricture 15½ inches from anus; decidedly malignant.

3. A woman, aged 58; ileus thirteen days. Stricture 8 inches from anus; ulceration decidedly cancerous.

4. A man, aged 30; no defecation for thirty days before death. Stricture 5 inches from anus. Specimen not quite fresh when seen, but disease apparently cancerous.

5. A man, aged 67; subject to attacks of colic from one and a half to two years before death. Disease at junction of descending colon and sigmoid flexure. Extensive encephaloid disease of liver and deposit of the same in parietes of the intestine. This was the only case in which any other organ than the intestine was cancerous.

The intestine, in these cases, was not adherent externally, and appeared generally as if girt round with a string, and with more or less greyish discoloration; the inner surface ulcerated, and the whole extent of the disease never exceeded one and a quarter inch, being greater than it appeared to be before the intestine was cut open. The structural change must be slow in its development; and yet it appears, by the above cases, that the disease may be latent, and only manifest itself by a short and fatal attack of ileus; the patient, perhaps, dying as from internal strangulation.

Nov. 24th.—*Obscure Affection of the Stomach, at first supposed Carcinomatous.* Dr. BIGELOW read an account of the case.

The patient is a gentleman aged about 60; of active habits and ordinarily good health. For several months previous to his attack he had suffered with indigestion, bad sleep, &c., and had in that time lost 14 pounds of flesh.

Oct. 29th, 1855, finding himself more indisposed than before, he took an operating dose of rhubarb with slight relief. On the 31st, he vomited two quarts of dark, sour, watery fluid; lost his appetite; slept little, and took cathartic pills.

Nov. 1st, he vomited about two quarts of dark-looking fluid, with a tablespoonful of blackish, grumous sediment. In the evening, a like quantity of the same fluid, with the same sediment, was thrown off. Anorexia, nausea, thirst and coated tongue followed.

Nov. 2d, vomited in the morning nearly as much of the same kind of fluid. Dr. B. was then called to visit him, and found him with a pale and sallow countenance; a feeble, but not a rapid, pulse; sense of pain and weight in the epigastrium; and on examination a palpable tumor was discovered in the epigastrium, three or four inches in width, hard, somewhat tender on pressure, and very distinctly defined, pointing somewhat to the right. The fluid shown as the result of the vomiting, resembled dark chocolate, with a sediment like coffee grounds.

In the evening following, the vomiting recurred of the same quantity and character, followed by a restless night with pain and distress.

Nov. 3d.—The vomiting returned, with about half the quantity of blackish, sour fluid. After this, no more vomiting took place till Nov. 6th, when

the fluid ejected was lighter and less, and without any grumous sediment. The epigastric tumor had constantly diminished, retreating from the right to the centre, and growing obviously softer.

11th.—The gastric symptoms having greatly diminished, the patient rode out, began to gain strength and natural sleep; had more appetite and tolerance of food.

27th.—The health was pretty well established, and no vestige of the tumor could be detected. At the present time, a year since the attack, he states that he has enjoyed better health throughout the summer and fall than he had done for several previous years.

The symptoms of the above case warranted the presumptive diagnosis of carcinomatous or malignant disease. The single element of time was alone wanting to divide the acute from the chronic aspect and interpretation of the case.

Nov. 24th.—*Poisoning from Belladonna Plaster.* Dr. LYMAN reported the case.

The patient was a woman aged 29, of a highly nervous temperament, and for several years had been in feeble health with pulmonary symptoms, and had suffered much of late with palpitation, for which, on Sunday, Nov. 6th, was ordered a belladonna plaster, 2 by 4 inches. She was cautioned against wearing it too long at a time. It was applied Sunday evening and removed on Monday morning, the palpitation being quieted. It was applied again on Tuesday and worn all day. Tuesday evening, when she retired, she was advised by her husband to remove it; but deriving comfort from it, she delayed so doing and fell asleep with it on. At 2 o'clock the following morning, Wednesday, 19th, she awoke with severe pain in the top of the head, vomiting, dryness of the fauces, spasmodic action of the muscles of the throat and chest, and an indescribable sensation of sinking. Dr. L. saw her at 6 o'clock. The above symptoms continued, with the exception of vomiting, which had ceased. Her pulse was *quick* and *thready*; the irides were very much dilated, though contractile; there was no disturbance of vision; the face and eyes were suffused; the extremities cold, the tongue moist, and the skin dry. Spasmodic action and faintness returned every few minutes. There was no exanthematous eruption or disturbance of the bowels or kidneys. Seidlitz powders, sinapisms to the feet and epigastrium, were ordered, together with brandy and strong coffee. At half past nine, the symptoms were about the same, with the exception that the headache was less. At noon, free perspiration occurred, followed by very marked relief. At 5, P. M., the spasmodic action still occurred at intervals, causing much distress; the patient was otherwise better. The pulse was full and tolerably forcible, but ranging as low as from 28 to 32! Skin moist, respiration normal. Neither the bowels nor kidneys having acted, liquid acetate of ammonia was ordered, also an enema and continuance of the stimulus of which she had partaken during the afternoon very moderately. The enema caused a free evacuation of the bowels and bladder. During the night, she complained of numbness of the face and inability to raise the lids. She urinated several times, with severe scalding and irritation of the bladder; and slept a little at intervals after midnight, the pulse ranging from 28 to 42. During Thursday, the symptoms all disappeared, with the exception of the dilated pupils and slow pulse. On Friday morning the irides had recovered their natural appearance, but the pulse, though more full, was still at 28, and intermitting every one, two or three beats. On Saturday evening, the pulse was 52, though quite feeble. She was in good spirits,

and sailed with her husband, Sunday morning, for Port au Prince, where they had previously made arrangements for passing the winter.

Dr. Lyman remarked that he was much in the habit of using this plaster, but he recollected only one instance in which the slightest unpleasant cerebral effect was produced, and that hardly appreciable. He had been since informed, by a very intelligent gentleman, that a precisely similar train of symptoms occurred in the case of his own wife, from the application of a poultice of the leaves to her abdomen, the pulse remaining in this depressed condition for many weeks.

Dr. BETHUNE said that he had known *atropine* to be absorbed through the skin and produce its characteristic effects.

Dr. WILLIAMS mentioned a patient under his care with cataract, who, whenever a solution of *atropine*, in the proportion of five grains to the ounce, was applied to the conjunctiva, had dryness of the fauces and nausea.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, JANUARY 1, 1857.

THE GLUCOSURIA OF NURSING WOMEN.

THE recent discovery M. Blot, of Paris, of the presence of sugar in the urine of women during lactation, is one of the most interesting results of physiological investigation, and compares, in this respect, with the remarkable fact, announced by Bernard, of the existence of the same substance in the liver. The following is a translation of a paper presented to the French Academy of Sciences by M. Blot, containing the results of his observations.

The presence of sugar in the urine has hitherto been considered by physicians as the pathognomonic sign of one of the most grave diseases, to wit, *diabetes*. The result of numerous investigations which I have made, must henceforth deprive this sign of a part of its diagnostic value. In fact, it clearly follows, from these researches, that sugar exists normally in the urine of all parturient women, of all nursing women, and of a certain number of pregnant women.

In order to give more weight to these results, I will say that I have been assisted in the chemical part of my labors by M. Réveil, adjunct professor to the School of Pharmacy, and that in several instances I availed myself of the talents of M. Bertholet, whose brilliant discoveries in organic chemistry are known to all.

For the demonstration of the fact which I announce, I resorted to the means usually employed to detect sugar in any liquid. In this way I ascertained, in a manner which admits of no doubt, that the urine in question combines these four properties, which are peculiar to sugar: 1st, that of reducing the solution of sulphate of copper and caustic potash. 2d, of turning brown the caustic solutions of potash or of lime. 3d, of yielding alcohol and carbonic acid by fermentation; and 4th, of deviating polarized light to the right.

This physiological glucosuria is observed under the following conditions: 1st, in all lying-in women (45 times out of 45), sugar begins to exist in the urine, in sufficient quantity to be estimated, from the moment of the secretion of milk in the breasts. In many women it does not appear before that period, but in some it is found earlier, though for the most part in inconsid-

table quantity. If the secretion of milk goes on, the sugar continues to pass into the urine, with daily variations, which are as yet unexplained. When the milk is very abundant, the proportion of sugar is, in general, large; if the milk is scanty, the urine contains but little sugar. Thus an examination of the urine may serve, to a certain degree, as a criterion of the value of a nurse. If the secretion of milk is diminished or arrested by any cause, particularly by the development of a morbid condition, of greater or less gravity, the sugar diminishes, or disappears completely; should the diseased state give place to health, and the flow of milk become re-established, the sugar re-appears. Finally, the urine contains sugar as long as the secretion of milk lasts. I have found it in very considerable proportions (8 grains in 1000 grains of urine) in a woman who had been nursing for twenty-two months. I need hardly add that none of these women, pregnant, lying-in, or nursing, presented any symptom of diabetes; on the contrary, the urine was in general the richer in sugar in proportion as the health was better, and approached to the normal or physiological state.

At the cessation of lactation the sugar disappears from the urine in a variable time in different subjects; more quickly in women who do not nurse at all, more gradually in those who having nursed, begin to wean their infants. In the latter especially, the disappearance of the sugar may be subject to alternations; it has happened to me to detect it one day, and not to find it the next, but to discover it again on the third. One thing, however, is constant—the sugar is reduced to a very minute proportion as soon as the swelling of the breasts, which follows weaning, has disappeared.

From what has been said, it seems to me impossible to avoid the conclusion that this physiological glucosuria is connected with the secretion of milk.

I have said that the quantity of sugar varies in different individuals, and at different periods of lactation; I will add that it is, ordinarily, much smaller than in diabetes. The amount which I have been able to determine, has varied between 1 or 2 grains up to 12 grains for every 1,000 grs. of urine. I will merely observe, in this connection, that these proportions were observed in the morning urine, which is perhaps the least rich.

In pregnant women, sugar is met with in about one half of the subjects observed. I believe, without being able to speak positively, that this peculiarity occurs especially when the sympathetic phenomena of pregnancy are strongly developed in the breasts; it is wanting, on the contrary, when the breasts are, so to speak, indifferent to what passes in the uterus.

This glucosuria being fully recognized in women, it was quite natural to suppose that it existed also in females of the different species of the mammalia. It is my intention to prosecute my researches in this direction, and I hope very soon to be able to submit the results to the Academy. I can announce, even now, that the phenomenon occurs in cows. In fact, in nine observations made upon these animals, I have detected it in every instance.

NEW METHOD OF PASSING THE CATHETER ON ONE'S SELF.

THE following translation of a letter addressed by Dr Lemazurier to the editor of the *Gazette Médicale*, of Paris, may be of interest to those who are under the necessity of passing the catheter frequently on the same patient.

Among the positions recommended by authors for the operation of catheterism, there is one whose advantages appear to me evident when the patient is obliged to introduce the instrument himself, but which, though doubtless

known to others, is not mentioned in any surgical work in my possession. I allude to the position of a patient while in the hip-bath, having the pelvis very much depressed, and the thighs strongly flexed upon the trunk, which is slightly inclined forwards.

In this position, one of my patients, subject to spasms of the urethra, and obliged to resort to the skilful hand of another person, endeavored to pass his water by introducing into the canal a curved gum-elastic catheter, without the wire. Having been frequently discouraged, under similar circumstances, by his repeated and fruitless efforts, he was not a little astonished at the promptitude and facility with which he introduced the instrument into the bladder, and at the complete absence of any unfavorable result. Since that time, he has several times repeated the operation, and always with the same success, by placing himself in the same position.

Convinced that the position has much to do with this success, I have thought it my duty, I will not say to make it known, but to recall it to surgeons, and those patients who are compelled to catheterize themselves, whose sufferings may be abridged by this method. If you coincide with my views in this respect, I beg you to give publicity to my letter, by inserting it in your valuable journal.

FAST LIVING.

THIS is tolerably well illustrated in our own city, but commend us to New York for its full exemplification. With hardly a moment's respite does the stream of occupation flow on by day—in fast walking, fast driving, fast eating and drinking, fast bargains, fast business, fast money-making, fast failures, fast everything but *fast-ing*!

We have once or twice taken occasion to remark upon the worse than folly which characterizes us as a nation in this respect. The evils of an over-devotion to business, of whatever nature it be, are only too manifest amongst us. Leaving aside, as not particularly our province, the disasters entailed upon the community in business matters by "fast" men, pecuniarily speaking, we have only to point to numerous melancholy instances of the induction of ill-health, premature decay of the mental and physical powers, insanity, paralysis and sudden death by this forcing system.

In some degree, the same is true of literary men. We are of those who believe that one can hardly have "too many irons in the fire," if he is a truly sensible person; and for this reason, when he once burns his fingers, he will not add to the number, but very likely will diminish it by the one that reminded him of the overplus—thus leaving just enough to manage properly. People try to do too much, very often; and the result is they only half do anything. Can it possibly reward the man of business to slave out a few brief years—not in *living*, in the truest sense of the word—but in vibrating between his house and store or counting-room, and in being immersed in perplexities or drudgery for nearly every moment of the daylight hours—snatching fiercely at eatables, perhaps hurried upon the table by a fast cook—coming home at night tired out—to go, not *fast* asleep, but to toss in dreamful slumber full of fast imaginations.

We believe we are not too fast in our conclusions—hasty, would have been our ordinary expression—but as we have intimated, these are fast times! Our special allusion to New York was induced by some remarks in a paper published in that city—certainly not itself "fast," or ever accused, to our knowledge, of "going it blind"—viz., the *New York Observer*. Of course, if we have a text from so sage and conservative a source, we may

preach from it; and the denizens of Gotham cannot complain, although they may possibly term us "a slow coach"!

MEMBERS of the American Medical Association will take notice of the following circular. It is doubtful whether in all medical literature so much and so good a quality can be had for the comparatively small sum for which these volumes are offered to permanent members of the society. Within a few years he will be considered a fortunate man who possesses a complete set.

PHILADELPHIA, Nov. 1, 1856.

DEAR SIR,—By resolution of the American Medical Association at the meeting at Detroit, I am instructed to inform you that the resolution passed at the meeting at St. Louis, depriving a permanent member of the Association who should neglect to subscribe yearly to the Transactions, of membership, has been repealed.

Therefore, all those who have ever served as delegates to a meeting of the Association, are restored to membership, and may purchase the Transactions for any year or not, as may suit their pleasure.

When the Transactions are desired, it is the privilege of a permanent member to be able to purchase them at the same price that is paid by a delegate, *three dollars*, no yearly assessment being now required of permanent members.

There are copies of all the back volumes of the Transactions in the hands of the Association for sale, except Vol. IV. Any of these may be purchased upon application to the Treasurer, by permanent members for *three dollars* apiece, except Vol. VI., which is *five dollars*. CASPAR WISTER,

Treasurer American Medical Association, No. 479 Arch St.

Dissecting Material.—A paragraph in the *New York Times* states that in Boston, Philadelphia and Baltimore there is a scarcity of subjects. The *Times* says, "this is always a difficulty in the *provincial towns*." We have no objection to being called provincial in such good company, but we can assure the *Times* that the want to which it alludes has not existed in Boston.

Health of the City.—The returns show a slight diminution in the deaths from scarlatina during the past week, but the number is still excessively large. Of the 33 cases, 25 were of subjects under the age of 5, and 7 between 5 and 20. We notice 22 deaths from phthisis, 5 from pneumonia, and 8 from "infantile diseases." From the whole amount, 4 deaths from violence must be subtracted, leaving 101 from disease. The largest number of deaths (16) occurred in Ward 7; in Ward 1 there were 14; in Ward 11, 13. In Wards 3, 4, 5, 6, 8 and 9 there were comparatively few deaths. During the corresponding week of last year there were 73 deaths, of which 16 were from phthisis, and 6 from pneumonia.

ERRATA.—In the last number, page 421, line 19, before "brain," insert the words *base of*. Page 430 (in a portion of the issue), fourth line from bottom, for "Lecter" read *Tutor*.

Communications.—Case of Flooding—Observations on the Convulsions of Children.—Wound of the Palmar Arch.—Case of Poisoning from Belladonna and Morphia.

Deaths in Boston for the week ending Saturday noon, Dec. 27th, 1855. Males, 59—females, 46. Inflammation of the bowels, 1—disease of the bowels, 1—burns, 2—consumption, 22—convulsions, 2—croup, 2—colic, 1—dropsy, 2—dropsy in the head, 4—debility, 1—infantile diseases, 8—erysipelas, 1—typhoid fever, 2—scarlet fever, 33—suffocation, 1—disease of the heart, 1—intemperance, 3—inflammation of the lungs, 5—congestion of the lungs, 1—disease of the liver, 1—marasmus, 1—measles, 1—pleurisy, 2—rheumatism, 3—suicide, 1—teething, 1—unknown, 2.

Under 5 years, 53—between 5 and 20 years, 15—between 20 and 40 years, 25—between 40 and 60 years, 5—above 60 years, 7. Born in the United States, 78—Ireland, 24—other places, 3.

Dr. Kane, the American traveller, is now in England, and, we regret to say, in very indifferent health. His mission is, indeed, one "for Christian service and true chivalry." He comes to proffer his services in accompanying an expedition which Lady Franklin purposes fitting out to recover whatever traces remain of her lamented husband and his ill-fated comrades. When conflicting reports arrived, telling of the discovery of some new clue, or holding out hopes fated to make the blow heavier when the crushing truth came at last, the first thought of all who read them was one of sympathy with Lady Franklin. Now all doubt is over. We know that the intrepid band perished from dire privation—perhaps, even by a more savage death. We deeply sympathise with Lady Franklin in her "supreme crown of grief" for the loss of so noble a husband. But would it be right now, for the sake of a few sad memorials of those who are "at rest, and for ever," to incur the risk of an additional sacrifice of valuable lives, and of widowing other homes, by sending forth another expedition, even were there a certainty of discovering any further traces of those who went before?—*London Lancet*.

A Scientific Expedition—including several eminent Americans, is now on the way from the United States to South America, its object being to make a thorough exploration of the fauna, flora, and geographical peculiarities of New Granada, the Magdalena, and the country round the head waters of the Amazon, thence following the course of that river to the Atlantic. This country has not been traversed by any scientific investigator since the exploration of Humboldt, fifty years ago. The undertaking originated with some gentlemen of Iowa, and is independent of government support.—*ib.*

Diminished Frequency of Croup.—Dr. Kuttner, physician to the Children's hospital at Dresden, observes, that while Goliath, at the commencement of the century, met with 1,663 cases within five years, and other practitioners regarded it as the most frequent of children's diseases, the number of cases seems, during the last thirty years, to have undergone great diminution. In the Dresden hospital, among 13,120 patients, during twenty years, only 33 cases (21 boys and 12 girls) have occurred, i. e., 1 in 400, although inflammatory diseases of the respiratory organs are of common occurrence among the Dresden population.—*Jour. fur Kinderk.*

Obstinate Regurgitation of the Contents of the Stomach relieved by Chloroform.—Dr. Taylor, physician to Bellevue Hospital, New York, has published in the November number of the New York Journal of Medicine, a very interesting case of obstinate regurgitation of the contents of the stomach, which after various other means had failed, and, indeed, too, by physicians in this country and Europe, was finally relieved by inhalation of chloroform.—*Nashville Journal of Medicine and Surgery*.

Folk Lore—Cure for Measles.—My nurse declared that I and my brother and sister were cured of the above, by having some hair cut from the nape of each of our necks, and then separately placed between two slices of bread and butter. She says, she watched anxiously for a strange dog to pass (no other being efficacious). She then gave him the bread and butter, and as he ate it without loathing, she was sure we should be cured. He then went away, and of course never came again, for he died of the measles—miserably, no doubt, poor fellow, having travelled off with the disease of three affected children.—*Edinburgh Medical Journal*.

Near-Sightedness.—The Paris Medical Gazette states that of the 3,295,202 young men examined in France, for military service, during nineteen years, 13,007 were exempted for myopia. Some years since, a regiment of recruits, principally natives of London, where they were enlisted, were taken out of the city to practise at a target. To the surprise of the officers in charge, a large part of them were totally unable to see the mark, although within the ordinary shooting distance. This fact led to the discovery that persons whose range of vision is limited by brick walls, are near-sighted in far greater numbers than in the same number of inhabitants residing in the country. The eyes of sailors, in continued sea-service, become almost telescopic. They discover objects at a vast distance which are not even discernible by other eyes.—*Philadelphia Med. and Surg. Jour.*